

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10-030,928  
APPLICANT

FILING DA

CLAIMS	AS FILED						AFTER AMENDMENT						AFTER RE-AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.	
	1		2		3		4		5		6		7		8		9	
10			11		12		13		14		15		16		17		18	
19			20		21		22		23		24		25		26		27	
28			29		30		31		32		33		34		35		36	
37			38		39		40		41		42		43		44		45	
46			47		48		49		50		TOTAL IND.	1	TOTAL DEP.	8	TOTAL IND.	1	TOTAL DEP.	8
TOTAL CLAIMS	9																	

PRINTED ON YOUR ADDITIONAL CLAIMS OR AMENDMENTS

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